

**EPA Registration # 92493-1**

# PROCESSING REQUEST

Reg #: 92493-1

Decision #: 528.019

Description:

**Material Available Electronically** (see PPLS):

☐ Electronic Label/Letter Dated:

☐ Other:

**Material Sent** (see jacket):

☒ Stamped Label/Letter Dated: 4/26/2017

☐ Notification Dated:

☐ New CSF(s) Dated:

☐ Other:

Reviewer: Melody Banks

Division: Registration Division/Invertebrate & Vertebrate Branch 3

Phone: (703) 305 5413

Date: 6/13/2017



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, DC 20460

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

April 26, 2017

Ms. Crystal Layton  
Regulatory Agent for,  
MY IMPORTS USA, LLC  
c/o Landis International, Inc.  
P.O. Box 5  
5126 Valdosta, GA 31603-5126

Subject: Notification per PRN 98-10 – Add Additional Scents to Product Label  
Product Name: Moth Shield  
EPA Registration Number: 92493-1  
Application Date: MOTH SHIELD  
Decision Number: 528019

Dear Ms. Layton:

The Agency is in receipt of your Application for Pesticide Notification under Pesticide Registration Notice (PRN) 98-10 for the above referenced product. The Registration Division (RD) has conducted a review of this request for its applicability under PRN 98-10 and finds that the action requested falls within the scope of PRN 98-10.

The label submitted with the application has been stamped "Notification" and will be placed in our records.

Should you wish to add/retain a reference to the company's website on your label, then please be aware that the website becomes labeling under the Federal Insecticide Fungicide and Rodenticide Act and is subject to review by the Agency. If the website is false or misleading, the product would be misbranded and unlawful to sell or distribute under FIFRA section 12(a)(1)(E). 40 CFR 156.10(a)(5) list examples of statements EPA may consider false or misleading. In addition, regardless of whether a website is referenced on your product's label, claims made on the website may not substantially differ from those claims approved through the registration process. Therefore, should the Agency find or if it is brought to our attention that a website contains false or misleading statements or claims substantially differing from the EPA approved registration, the website will be referred to the EPA's Office of Enforcement and Compliance.

If you have any questions, you may contact Melody Banks at 703 305-5413, or via email at [Banks.Melody@epa.gov](mailto:Banks.Melody@epa.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "Melody Banks" with a stylized flourish at the end.

Mark Suarez, Product Manager 07  
Invertebrate & Vertebrate Branch 3  
Registration Division (7505P)  
Office of Pesticide Programs

Front Panel**MOTH SHIELD**

**KILLS CLOTHES MOTHS AND CARPET BEETLES  
WHEN USED IN AIR-TIGHT CONTAINERS**

[ABN: MOTH SHIELD MOTH BALLS]

[ABN: MOTH SHIELD CLOSET BLOCK]

**NOTIFICATION**

92493-1

The applicant has certified that no changes, other than those reported to the Agency have been made to the labeling. The Agency acknowledges this notification by letter dated:

04/26/2017

[Original Scented, ROSE Scented, FRESH LINEN Scented, LAVENDER Scented,  
LEMON Scented, CHERRY Scented]

[Closet Block] NET WT. 5 oz. (141.7g)

[Moth Balls] NET WT. 4 oz. (113.4g)

**ACTIVE INGREDIENT:**

Para-dichlorobenzene.....99.6%

**OTHER INGREDIENTS:**..... 0.4%**TOTAL**

100.0%

KEEP OUT OF REACH OF CHILDREN

**WARNING**

SEE BACK PANEL FOR ADDITIONAL PRECAUTIONS

**FIRST AID**

|   |  |
|---|--|
| IF IN EYES  | Hold eye open and rinse slowly gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.                                |
| IF SWALLOWED  | Call a poison control center or doctor immediately for treatment advice. Have person drink several glasses of water. Do not induce vomiting unless told so by a poison control center or doctor. Do not give anything by mouth to an unconscious person. |
| IF INHALED  | Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a poison control center or doctor for treatment advice.                                    |
| IF ON SKIN OR CLOTHING  | Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.  |
| <b>HOT LINE NUMBER</b>  |  |
| Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact the National Pesticide Information Center Network (NPIC) at 1-800-858-7378 for emergency medical treatment information. |  |
| <b>NOTE TO PHYSICIAN</b>  |  |
| Probable mucosal damage may contraindicate the use of gastric lavage.   |  |

EPA Reg. No. 92493-~~xxx1~~

EPA Est. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

October 28, 2016/PMG20170331 NOTIF.CLL

[Bracketed Text = Optional Language]

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Back Panel**PRECAUTIONARY -STATEMENTS  
HAZARD TO HUMANS AND DOMESTIC ANIMALS**

**WARNING:** Causes substantial but temporary eye injury. Do not get in eyes or on clothing. Use protective eyewear such as goggles or face shield. Harmful if absorbed through skin. Avoid contact with skin. Harmful if inhaled. Avoid breathing dust or vapor. Harmful if swallowed. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco or using the toilet. Remove and wash contaminated clothing before reuse.

**NOTICE:** California has determined that a chemical contained in this product causes cancer based on tests performed on laboratory animals.

**PHYSICAL OR CHEMICAL HAZARD:** Combustible. Do not use or store near heat or open flame.

**DIRECTIONS FOR USE**

It is a violation of the Federal Law to use this product in a manner inconsistent with its labeling.

**Keep out of reach of children. Do not place in areas accessible to children.**

[For MOTH SHIELD CLOSET BLOCKS] Thoroughly clean and/or brush clothing articles before storing. Remove MOTH SHIELD block from packaging and cellophane wrapper. Place MOTH SHIELD block in its plastic holder and hang in garment bag or over closet rod. Use one MOTH SHIELD block for every 12 cubic feet of tightly enclosed closet space. As the MOTH SHIELD block dissipates, replace with a new one. MOTH SHIELD block odor quickly vanishes when articles are aired out.

[For MOTH SHIELD MOTH BALLS] Thoroughly clean and/or brush clothing articles before storing. Remove moth balls from packaging. Distribute MOTH SHIELD moth balls evenly around and between the folds of stored articles. Four ounces of MOTH SHIELD moth balls will treat an average-sized garment bag or a medium-sized container (approximately 12 cubic feet). Keep garment bag or container airtight for a minimum of 7 days. If MOTH SHIELD moth balls dissipate, add additional moth balls to the garment bag or container. MOTH SHIELD moth balls odor quickly vanishes when articles are aired out.

Note: Do not use dry cleaning bags, garbage bags, or other containers that would allow product vapors to escape into occupied rooms. Because this product can damage some plastics, use only in polyethylene or polypropylene bags or containers. Para-dichlorobenzene should not be mixed with other moth prevention chemicals.

| STORAGE AND DISPOSAL                            |   |   |
|---|---|---|
| PESTICIDE STORAGE                               | Store in the original container in a dry place inaccessible to children and pets. |   |
| PESTICIDE DISPOSAL<br>AND CONTAINER<br>HANDLING | If Empty  | Nonrefillable container. Do not reuse or refill this container. Place in trash or offer for recycling if available                          |
|   | If Partly Filled  | Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain. |

**WARRANTY & CONDITIONS OF SALE**

To the extent consistent with applicable law, seller makes no warranty, expressed or implied, concerning the use and handling of this product other than indicated on the label. To the extent consistent with applicable law, buyer assumes all risks of use and handling of this material when such use and handling are contrary to label instructions.

Always read the entire label before using this product.

Manufactured For:  
MY IMPORTS USA LLC  
115 ENTERPRISE AVE SOUTH  
SECAUCUS NJ 07094



March 31, 2017

☎ 1-703-305-0120  
[Suarez.Mark@epa.gov](mailto:Suarez.Mark@epa.gov)

**VIA CDX**

Mark Suarez, PM 07 (NOTIF)  
Invertebrate & Vertebrate Branch 3  
U.S. EPA OPP Registration Division (H7505C)  
Document Processing Desk  
One Potomac Yard, Room S4900  
2777 S. Crystal Drive  
Arlington, VA 22202

**SUBJECT:      Label Notification**  
**MY IMPORTS USA, LLC.**  
**MOTH SHIELD – EPA Reg. No. 92493-1**

Dear Mr. Suarez,

This submission is being made to add the additional scents lavender, lemon and cherry to the Moth Shield label, EPA Registration Number 92493-1. These scents have been approved on alternate Confidential Statements of Formula submitted during the registration of the product. Please find enclosed the following on behalf of MY IMPORTS USA, LLC:

- Application for Pesticide Registration, EPA Form 8570-1
- A highlighted label for Moth Shield, EPA Registration Number 92493-1, noting the change described above
- A clean label for Moth Shield, EPA Registration Number 92493-1 including the change described above

Please contact me via email at [clayton@landisintl.com](mailto:clayton@landisintl.com) or phone at 229-247-6472.

Sincerely,

A handwritten signature in black ink that reads "Clayton".

Crystal Layton  
Regulatory Agent for **MY IMPORTS USA, LLC**

*Enclosures (Enumerated Above)*

Receipt for Section 3

S: 1001561Milestone Email: pgalloway@landisintl.com

Regulatory Type: Product Registration - Section 3

Resubmission: ☐ Yes ☒ No

Application Type: Notification

Fee For Service: ☐ Yes ☒ No

Company: 92493 MY IMPORTS USA LLC.

V

Risk Manager: Registration Division, Risk Management Team 7

Product #: 92493-1Product Name: Moth Shield

Override#:

Me Too Section3:Me Too Product Name:

Application Date: 31-Mar-2017OPP Rec'd Date: 31-Mar-2017

Front End Date: 03-Apr-2017Risk Manager Send Date: 03-Apr-2017

FFS Due Date:Negotiated Due Date:

OPP Target Date:

Fast Track:New Ingredient:

Receipt Description:Portal submission pkg# 18564. Label notification per prn 98-10. Add additional scents lavender, lemon and cherry.

Form A:Signature Date:Form B:Signature Date:

Print Letter

Enter More Information

Tracking

Receipt Content

Electronic Label

View/Edit

New Ingredient

Request Date:

New Ingredient

Received Date:

\*Product ingredient source information may be entitled to confidential treatment\*

DOCUMENTU\*

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United States  
**Environmental Protection Agency**  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

**Application for Pesticide - Section I**

|   |   |  |
|---|---|--|
| 1. Company/Product Number<br>MY IMPORTS USA, LLC./92493-1   | 2. EPA Product Manager<br>Mark Suarez   | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>MY IMPORTS USA, LLC./MOTH SHIELD   | PM #<br>7   |  |
| 5. Name and Address of Applicant (Include Zip Code)<br>MY IMPORTS USA, LLC.<br>c/o Landis International, Inc.<br>PO Box 5126 Valdosta, GA 31603-5126<br><input type="checkbox"/> Check if this is a new address | 6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:<br><br>EPA. Reg. No. _____<br>Product Name _____ |  |

**Section - II**

|  |   |
|--|---|
| <input type="checkbox"/> Amendment - Explain Below<br><input type="checkbox"/> Resubmission in Response to Agency Letter Dated _____<br><input checked="" type="checkbox"/> Notification - Explain Below | <input type="checkbox"/> Final Printed Labels in Response to Agency Letter Dated _____<br><input type="checkbox"/> "Me Too" Application<br><input type="checkbox"/> Other - Explain Below |
|--|---|

**Explanation:** Use additional pages(s) if necessary. (For Section I and Section II.)

Notification to add additional scents lavender, lemon and cherry to the label per PR Notice 98-10. See additional details in the cover letter. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

**Section - III**

|  |   |   |   |
|--|---|---|---|
| 1. Material This Product Will be Packaged In:  |   |   | 2. Type of Container  |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Unit Packaging<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes"<br>Unit Packaging Weight.<br>Number per Container | Water Soluble Packaging<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes"<br>Package Weight.<br>Number per Container | <input type="checkbox"/> Metal<br><input checked="" type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| <b>*Certification Must be Submitted</b>  |   |   |   |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container  | 4. Size(s) Retail Container<br>4 and 5oz.   | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Leaflet Accompanying Label             |   |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithographed<br><input checked="" type="checkbox"/> Paper Glued<br><input type="checkbox"/> Stenciled<br><input type="checkbox"/> Other _____ |   |   |   |

**Section - IV**

|  |  |                           |  |
|--|--|---------------------------|--|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application) |  |                           |  |
| Name<br>Crystal Layton   |  | Title<br>Regulatory Agent | Telephone Number (Include Area Code)<br>229-247-6472 |
| 2. Signature<br>   |  |                           | 6. Date Application Received<br>(Stamped)            |
| 3. Title<br>Regulatory Agent   |  |                           |  |
| 4. Typed Name<br>Crystal Layton  |  |                           |  |
| 5. Date<br>March 31, 2017  |  |                           |  |

Front Panel**MOTH SHIELD**

**KILLS CLOTHES MOTHS AND CARPET BEETLES  
WHEN USED IN AIR-TIGHT CONTAINERS**

[ABN: MOTH SHIELD MOTH BALLS]

[ABN: MOTH SHIELD CLOSET BLOCK]

[Original Scented, ROSE Scented, FRESH LINEN Scented, LAVENDER Scented,  
LEMON Scented, CHERRY Scented]

[Closet Block] NET WT. 5 oz. (141.7g)  
[Moth Balls] NET WT. 4 oz. (113.4g)

**ACTIVE INGREDIENT:**

Para-dichlorobenzene.....99.6%

**OTHER INGREDIENTS:**..... 0.4%**TOTAL** 100.0%

KEEP OUT OF REACH OF CHILDREN

**WARNING***SEE BACK PANEL FOR ADDITIONAL PRECAUTIONS***FIRST AID**

|   |  |
|---|--|
| IF IN EYES  | Hold eye open and rinse slowly gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.                                |
| IF SWALLOWED  | Call a poison control center or doctor immediately for treatment advice. Have person drink several glasses of water. Do not induce vomiting unless told so by a poison control center or doctor. Do not give anything by mouth to an unconscious person. |
| IF INHALED  | Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a poison control center or doctor for treatment advice.                                    |
| IF ON SKIN OR CLOTHING  | Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.  |
| <b>HOT LINE NUMBER</b>  |  |
| Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact the National Pesticide Information Center Network (NPIC) at 1-800-858-7378 for emergency medical treatment information. |  |
| <b>NOTE TO PHYSICIAN</b>  |  |
| Probable mucosal damage may contraindicate the use of gastric lavage.   |  |

EPA Reg. No. 92493-~~xxx~~1

EPA Est. No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

October 28, 2016/PMG20170331 NOTIF CLL

[Bracketed Text = Optional Language]

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Back Panel**PRECAUTIONARY -STATEMENTS  
HAZARD TO HUMANS AND DOMESTIC ANIMALS**

**WARNING:** Causes substantial but temporary eye injury. Do not get in eyes or on clothing. Use protective eyewear such as goggles or face shield. Harmful if absorbed through skin. Avoid contact with skin. Harmful if inhaled. Avoid breathing dust or vapor. Harmful if swallowed. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco or using the toilet. Remove and wash contaminated clothing before reuse.

**NOTICE:** California has determined that a chemical contained in this product causes cancer based on tests performed on laboratory animals.

**PHYSICAL OR CHEMICAL HAZARD:** Combustible. Do not use or store near heat or open flame.

**DIRECTIONS FOR USE**

It is a violation of the Federal Law to use this product in a manner inconsistent with its labeling.

**Keep out of reach of children. Do not place in areas accessible to children.**

[For MOTH SHIELD CLOSET BLOCKS] Thoroughly clean and/or brush clothing articles before storing. Remove MOTH SHIELD block from packaging and cellophane wrapper. Place MOTH SHIELD block in its plastic holder and hang in garment bag or over closet rod. Use one MOTH SHIELD block for every 12 cubic feet of tightly enclosed closet space. As the MOTH SHIELD block dissipates, replace with a new one. MOTH SHIELD block odor quickly vanishes when articles are aired out.

[For MOTH SHIELD MOTH BALLS] Thoroughly clean and/or brush clothing articles before storing. Remove moth balls from packaging. Distribute MOTH SHIELD moth balls evenly around and between the folds of stored articles. Four ounces of MOTH SHIELD moth balls will treat an average-sized garment bag or a medium-sized container (approximately 12 cubic feet). Keep garment bag or container airtight for a minimum of 7 days. If MOTH SHIELD moth balls dissipate, add additional moth balls to the garment bag or container. MOTH SHIELD moth balls odor quickly vanishes when articles are aired out.

Note: Do not use dry cleaning bags, garbage bags, or other containers that would allow product vapors to escape into occupied rooms. Because this product can damage some plastics, use only in polyethylene or polypropylene bags or containers. Para-dichlorobenzene should not be mixed with other moth prevention chemicals.

| STORAGE AND DISPOSAL                            |   |   |
|---|---|---|
| PESTICIDE STORAGE                               | Store in the original container in a dry place inaccessible to children and pets. |   |
| PESTICIDE DISPOSAL<br>AND CONTAINER<br>HANDLING | If Empty  | Nonrefillable container. Do not reuse or refill this container. Place in trash or offer for recycling if available                          |
|   | If Partly Filled  | Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain. |

**WARRANTY & CONDITIONS OF SALE**

To the extent consistent with applicable law, seller makes no warranty, expressed or implied, concerning the use and handling of this product other than indicated on the label. To the extent consistent with applicable law, buyer assumes all risks of use and handling of this material when such use and handling are contrary to label instructions.

Always read the entire label before using this product.

Manufactured For:  
MY IMPORTS USA LLC  
115 ENTERPRISE AVE SOUTH  
SECAUCUS NJ 07094



United States  
**Environmental Protection Agency**  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

**Application for Pesticide - Section I**

|   |   |  |
|---|---|--|
| 1. Company/Product Number<br>MY IMPORTS USA, LLC./92493-1   | 2. EPA Product Manager<br>Mark Suarez   | 3. Proposed Classification<br><br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>MY IMPORTS USA, LLC./MOTH SHIELD   | PM #<br>7   |  |
| 5. Name and Address of Applicant (Include Zip Code)<br>MY IMPORTS USA, LLC.<br>c/o Landis International, Inc.<br>PO Box 5126 Valdosta, GA 31603-5126<br><input type="checkbox"/> Check if this is a new address | 6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3)(b)(i), my product is similar or identical in composition and labeling to:<br><br>EPA. Reg. No. _____<br>Product Name _____ |  |

**Section - II**

|  |   |
|--|---|
| <input type="checkbox"/> Amendment - Explain Below<br><input type="checkbox"/> Resubmission in Response to Agency Letter Dated _____<br><input checked="" type="checkbox"/> Notification - Explain Below | <input type="checkbox"/> Final Printed Labels in Response to Agency Letter Dated _____<br><input type="checkbox"/> "Me Too" Application<br><input type="checkbox"/> Other - Explain Below |
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**Explanation:** Use additional pages(s) if necessary. (For Section I and Section II.)

Notification to add additional scents lavender, lemon and cherry to the label per PR Notice 98-10. See additional details in the cover letter. This notification is consistent with the provisions of PR Notice 98-10 and EPA regulations at 40 CFR 152.46, and no other changes have been made to the labeling or the confidential statement of formula of this product. I understand that it is a violation of 18 U.S.C. Sec. 1001 to willfully make any false statement to EPA. I further understand that if this notification is not consistent with the terms of PR Notice 98-10 and 40 CFR 152.46, this product may be in violation of FIFRA and I may be subject to enforcement action and penalties under sections 12 and 14 of FIFRA.

**Section - III**

|  |  |  |   |  |
|--|--|--|---|--|
| 1. Material This Product Will be Packaged In:  |  |  | 2. Type of Container  |  |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If "Yes"<br>Unit Packaging Weight. | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If "Yes"<br>Package Weight. | <input type="checkbox"/> Metal<br><input checked="" type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |  |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container  |  | 4. Size(s) Retail Container<br>4 and 5oz.  | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Leaflet Accompanying Label   |  |
| 6. Manner in Which Label is Affixed to Product<br><input type="checkbox"/> Lithographed<br><input checked="" type="checkbox"/> Paper Glued<br><input type="checkbox"/> Stenciled<br><input type="checkbox"/> Other _____ |  |  |   |  |

**Section - IV**

|  |                           |  |
|--|---------------------------|--|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application)   |                           |  |
| Name<br>Crystal Layton   | Title<br>Regulatory Agent | Telephone Number (Include Area Code)<br>229-247-6472 |
| 2. Signature<br>   |                           | 6. Date Application Received<br>(Stamped)            |
| 3. Title<br>Regulatory Agent   |                           |  |
| 4. Typed Name<br>Crystal Layton  |                           |  |
| 5. Date<br>March 31, 2017  |                           | <b>DOCUMENTATION</b>                                 |
| I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. |                           |  |



March 31, 2017

☎ 1-703-305-0120  
[Suarez.Mark@epa.gov](mailto:Suarez.Mark@epa.gov)

**VIA CDX**

Mark Suarez, PM 07 (NOTIF)  
Invertebrate & Vertebrate Branch 3  
U.S. EPA OPP Registration Division (H7505C)  
Document Processing Desk  
One Potomac Yard, Room S4900  
2777 S. Crystal Drive  
Arlington, VA 22202

**SUBJECT:     Label Notification**  
**MY IMPORTS USA, LLC.**  
**MOTH SHIELD – EPA Reg. No. 92493-1**

Dear Mr. Suarez,

This submission is being made to add the additional scents lavender, lemon and cherry to the Moth Shield label, EPA Registration Number 92493-1. These scents have been approved on alternate Confidential Statements of Formula submitted during the registration of the product. Please find enclosed the following on behalf of MY IMPORTS USA, LLC:

- Application for Pesticide Registration, EPA Form 8570-1
- A highlighted label for Moth Shield, EPA Registration Number 92493-1, noting the change described above
- A clean label for Moth Shield, EPA Registration Number 92493-1 including the change described above

Please contact me via email at [clayton@landisintl.com](mailto:clayton@landisintl.com) or phone at 229-247-6472.

Sincerely,

A handwritten signature in black ink that reads "Crystal Layton". The signature is written in a cursive, flowing style.

Crystal Layton  
Regulatory Agent for **MY IMPORTS USA, LLC**

*Enclosures (Enumerated Above)*

**DOCUMENTUM**

# PROCESSING REQUEST

Reg #: 924931

Decision #: 528019

Description: New Section 3

## Material Available Electronically (see PPLS):

☒ Electronic Label/Letter Dated: 3/20/2017

☐ Other:

## Material Sent (see jacket):

☐ Stamped Label/Letter Dated:

☐ Notification Dated:

☐ New CSF(s) Dated:

☐ Other:

Reviewer: Melody Banks

Division: Registration Division/Invertebrate & Vertebrate Branch 3

Phone: (703) 305 5413

Date: 3/20/2017



U.S. ENVIRONMENTAL PROTECTION AGENCY

Office of Pesticide Programs  
Registration Division (7505P)  
1200 Pennsylvania Ave., N.W.  
Washington, D.C. 20460

EPA Reg. Number:

92493-1

Date of Issuance:

3/20/17

NOTICE OF PESTICIDE:

☒ Registration  
☐ Reregistration  
(under FIFRA, as amended)

Term of Issuance:

Conditional

Name of Pesticide Product:

MOTH SHIELDS

Name and Address of Registrant (include ZIP Code):

Ms. Peggy M. Galloway  
MY PORTS USA LLC  
c/o Landis International, INC.  
P.O. Box

**Note:** Changes in labeling differing in substance from that accepted in connection with this registration must be submitted to and accepted by the Registration Division prior to use of the label in commerce. In any correspondence on this product always refer to the above EPA registration number.

On the basis of information furnished by the registrant, the above named pesticide is hereby registered under the Federal Insecticide, Fungicide and Rodenticide Act.

Registration is in no way to be construed as an endorsement or recommendation of this product by the Agency. In order to protect health and the environment, the Administrator, on his motion, may at any time suspend or cancel the registration of a pesticide in accordance with the Act. The acceptance of any name in connection with the registration of a product under this Act is not to be construed as giving the registrant a right to exclusive use of the name or to its use if it has been covered by others.

This product is conditionally registered in accordance with FIFRA section 3(c)(7)(A). You must comply with the following conditions:

1. Submit and/or cite all data required for registration/reregistration/registration review of your product under FIFRA when the Agency requires all registrants of similar products to submit such data.

Signature of Approving Official:

Mark Suarez, Product Manager 7  
Invertebrate and Vertebrate Branch 3  
Registration Division, (7505P)

Date:

3/20/17



2. Make the following label changes before you release the product for shipment:

- Revise the EPA Registration Number to read, "EPA Reg. No. 92493-1."

3. Submit one copy of the final printed label for the record before you release the product for shipment.

Should you wish to add/retain a reference to the company's website on your label, then please be aware that the website becomes labeling under the Federal Insecticide Fungicide and Rodenticide Act and is subject to review by the Agency. If the website is false or misleading, the product would be misbranded and unlawful to sell or distribute under FIFRA section 12(a)(1)(E). 40 CFR 156.10(a)(5) list examples of statements EPA may consider false or misleading. In addition, regardless of whether a website is referenced on your product's label, claims made on the website may not substantially differ from those claims approved through the registration process. Therefore, should the Agency find or if it is brought to our attention that a website contains false or misleading statements or claims substantially differing from the EPA approved registration, the website will be referred to the EPA's Office of Enforcement and Compliance.

If you fail to satisfy these data requirements, EPA will consider appropriate regulatory action including, among other things, cancellation under FIFRA section 6(e). Your release for shipment of the product constitutes acceptance of these conditions. A stamped copy of the label is enclosed for your records. Please also note that the record for this product currently contains the following CSFs:

- Basic CSF dated October 7, 2016
- Alternate CSF 1 dated October 7, 2016
- Alternate CSF 2 dated October 7, 2016
- Alternate CSF 3 dated December 14, 2016
- Alternate CSF 4 dated December 14, 2016
- Alternate CSF 5 dated December 14, 2016

If you have any questions, please contact Melody Banks by phone at (703) 305-5413, or via email at [Banks.Melody@epa.gov](mailto:Banks.Melody@epa.gov).

Enclosure

Front Panel**MOTH SHIELD**

**KILLS CLOTHES MOTHS AND CARPET BEETLES  
WHEN USED IN AIR-TIGHT CONTAINERS**

**[ABN: MOTH SHIELD MOTH BALLS]**

**[ABN: MOTH SHIELD CLOSET BLOCK]**

**[Original Scented, ROSE Scented, FRESH LINEN Scented]**

[Closet Block] NET WT. 5 oz. (141.7g)  
[Moth Balls] NET WT. 4 oz. (113.4g)

**ACCEPTED****Mar 20, 2017**

Under the Federal Insecticide, Fungicide  
and Rodenticide Act as amended, for the  
pesticide registered under  
EPA Reg. No. 92493-1

**ACTIVE INGREDIENT:**

Para-dichlorobenzene.....99.6%

**OTHER INGREDIENTS:**..... 0.4%

**TOTAL** 100.0%

**KEEP OUT OF REACH OF CHILDREN**

**WARNING**

**SEE BACK PANEL FOR ADDITIONAL PRECAUTIONS**

**FIRST AID**

|   |  |
|---|--|
| IF IN EYES  | Hold eye open and rinse slowly gently with water for 15-20 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Call a poison control center or doctor for treatment advice.                                |
| IF SWALLOWED  | Call a poison control center or doctor immediately for treatment advice. Have person drink several glasses of water. Do not induce vomiting unless told so by a poison control center or doctor. Do not give anything by mouth to an unconscious person. |
| IF INHALED  | Move person to fresh air. If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. Call a poison control center or doctor for treatment advice.                                    |
| IF ON SKIN OR CLOTHING  | Take off contaminated clothing. Rinse skin immediately with plenty of water for 15-20 minutes. Call a poison control center or doctor for treatment advice.  |
| <b>HOT LINE NUMBER</b>  |  |
| Have the product container or label with you when calling a poison control center or doctor, or going for treatment. You may also contact the National Pesticide Information Center Network (NPIC) at 1-800-858-7378 for emergency medical treatment information. |  |
| <b>NOTE TO PHYSICIAN</b>  |  |
| Probable mucosal damage may contraindicate the use of gastric lavage.   |  |

EPA Reg. No. 92493-xxx

EPA Est. No. \_\_\_\_\_

Back Panel**PRECAUTIONARY STATEMENTS  
HAZARD TO HUMANS AND DOMESTIC ANIMALS**

**WARNING:** Causes substantial but temporary eye injury. Do not get in eyes or on clothing. Use protective eyewear such as goggles or face shield. Harmful if absorbed through skin. Avoid contact with skin. Harmful if inhaled. Avoid breathing dust or vapor. Harmful if swallowed. Wash thoroughly with soap and water after handling and before eating, drinking, chewing gum, or using tobacco or using the toilet. Remove and wash contaminated clothing before reuse.

**NOTICE:** California has determined that a chemical contained in this product causes cancer based on tests performed on laboratory animals.

**PHYSICAL OR CHEMICAL HAZARD:** Combustible. Do not use or store near heat or open flame.

**DIRECTIONS FOR USE**

It is a violation of the Federal Law to use this product in a manner inconsistent with its labeling.

**Keep out of reach of children. Do not place in areas accessible to children.**

[For MOTH SHIELD CLOSET BLOCKS] Thoroughly clean and/or brush clothing articles before storing. Remove MOTH SHIELD block from packaging and cellophane wrapper. Place MOTH SHIELD block in its plastic holder and hang in garment bag or over closet rod. Use one MOTH SHIELD block for every 12 cubic feet of tightly enclosed closet space. As the MOTH SHIELD block dissipates, replace with a new one. MOTH SHIELD block odor quickly vanishes when articles are aired out.

[For MOTH SHIELD MOTH BALLS] Thoroughly clean and/or brush clothing articles before storing. Remove moth balls from packaging. Distribute MOTH SHIELD moth balls evenly around and between the folds of stored articles. Four ounces of MOTH SHIELD moth balls will treat an average-sized garment bag or a medium-sized container (approximately 12 cubic feet). Keep garment bag or container airtight for a minimum of 7 days. If MOTH SHIELD moth balls dissipate, add additional moth balls to the garment bag or container. MOTH SHIELD moth balls odor quickly vanishes when articles are aired out.

**Note:** Do not use dry cleaning bags, garbage bags, or other containers that would allow product vapors to escape into occupied rooms. Because this product can damage some plastics, use only in polyethylene or polypropylene bags or containers. Para-dichlorobenzene should not be mixed with other moth prevention chemicals.

| STORAGE AND DISPOSAL                                     |   |   |
|--|---|---|
| <b>PESTICIDE STORAGE</b>                                 | Store in the original container in a dry place inaccessible to children and pets. |   |
| <b>PESTICIDE DISPOSAL<br/>AND CONTAINER<br/>HANDLING</b> | <b>If Empty</b>   | Nonrefillable container. Do not reuse or refill this container. Place in trash or offer for recycling if available                          |
|  | <b>If Partly Filled</b>   | Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain. |

**WARRANTY & CONDITIONS OF SALE**

To the extent consistent with applicable law, seller makes no warranty, expressed or implied, concerning the use and handling of this product other than indicated on the label. To the extent consistent with applicable law, buyer assumes all risks of use and handling of this material when such use and handling are contrary to label instructions.

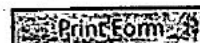
Always read the entire label before using this product.

Manufactured For:  
MY IMPORTS USA LLC  
115 ENTERPRISE AVE SOUTH  
SECAUCUS NJ 07094



Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060



United States  
Environmental Protection Agency  
Washington, DC 20460

☒ Registration  
☐ Amendment  
☐ Other

OPP Identifier Number

## Application for Pesticide - Section I

|  |  |  |
|--|--|--|
| 1. Company/Product Number<br>MY IMPORTS USA LLC / 92493-xxx  | 2. EPA Product Manager<br>Mark Suarez  | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>MOTH SHIELD   | PM#<br>RD IVB3 - PM 07   |  |
| 5. Name and Address of Applicant (Include ZIP Code)<br>MY IMPORTS USA LLC<br>c/o LANDIS INTERNATIONAL, INC.<br>P.O. BOX 5126, VALDOSTA, GA 31603-5126<br><input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. [REDACTED]<br>Product Name [REDACTED] |  |

## Section - II

|  |  |
|--|--|
| <input type="checkbox"/> Amendment - Explain below.                            | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application.   |
| <input type="checkbox"/> Notification - Explain below.                         | <input checked="" type="checkbox"/> Other - Explain below.                             |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

APPLICATION FOR REGISTRATION, PRA 3 CATEGORY R300, NEW PRODUCT SELECTIVE CITE-ALL - PRA FEE \$1,582

## Section - III

|   |  |   |   |
|---|--|---|---|
| 1. Material This Product Will Be Packaged In:   |  |   |   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | 2. Type of Container<br><input checked="" type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| * Certification must be submitted   |  | If "Yes" Unit Packaging wgt. No. per container  | If "Yes" Package wgt. No. per container   |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container   |  | 4. Size(s) Retail Container<br>4 OZS., 5 OZS.   | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product  |
| 6. Manner in Which Label is Affixed to Product<br><input checked="" type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____ |  |   |   |

## Section - IV

|   |                              |   |
|---|------------------------------|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)   |                              |   |
| Name<br>PEGGY M. GALLOWAY   | Title<br>REGULATORY AGENT    | Telephone No. (include Area Code)<br>229-247-6472 |
| Certification<br>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. |                              | 6. Date Application Received<br>(Stamped)         |
| 2. Signature<br>  | 3. Title<br>REGULATORY AGENT |   |
| 4. Typed Name<br>PEGGY M. GALLOWAY  | 5. Date<br>NOVEMBER 1, 2016  |   |

850 223 2933

Front Panel**MOTH SHIELD**

**KILLS CLOTHES MOTHS AND CARPET BEETLES  
WHEN USED IN AIR-TIGHT CONTAINERS**

**[ABN: MOTH SHIELD MOTH BALLS]**

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|---|--|
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| <b>NOTE TO PHYSICIAN</b>  |  |
| Probable mucosal damage may contraindicate the use of gastric lavage.   |  |

EPA Reg. No. 92493-R

EPA Est. No. \_\_\_\_\_

October 10, 2016

[Bracketed Text = Optional Language]

Back Panel

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|--|---|---|
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|  | <b>If Partly Filled</b>   | Call your local solid waste agency or 1-800-CLEANUP for disposal instructions. Never place unused product down any indoor or outdoor drain. |

**WARRANTY & CONDITIONS OF SALE**

To the extent consistent with applicable law, seller makes no warranty, expressed or implied, concerning the use and handling of this product other than indicated on the label. To the extent consistent with applicable law, buyer assumes all risks of use and handling of this material when such use and handling are contrary to label instructions.

Always read the entire label before using this product.

Manufactured For:  
MY IMPORTS USA LLC  
75 Ethel Road  
Edison, NJ 08817



Receipt for Section 3

S: 996540

Milestone Email: pgalloway@landisintl.com

Regulatory Type: Product Registration - Section 3

Resubmission: ☒ Yes ☐ No

Print Letter

Application Type: New Registration

Fee For Service: ☒ Yes ☐ No

Enter More Information

Billable: ☐ Yes ☒ No

Tracking

Company: 92493 MY IMPORTS USA LLC.

V

Risk Manager: Registration Division, Risk Management Team 7

Product #: 92493-R Product Name: Moth Shield

Override#:

Me Too Section 3: ☒ Me Too Product Name: ☐

Application Date: 15-Dec-2016

OPP Rec'd Date: 19-Dec-2016

Front End Date: 20-Dec-2016

Risk Manager Send Date: 20-Dec-2016

FFS Due Date:

Negotiated Due Date:

Receipt Content  
CSF

View/Edit

Fast Track: ☐

New Ingredient: ☐

Receipt Description:

Portal submission pkg# 16222. Resubmission as discussed with PM

New Ingredient

Request Date:

New Ingredient

Received Date:

Form A: ☐

Signature Date:

Form B: ☐

Signature Date:

\*Product ingredient source information may be entitled to confidential treatment\*

ACT  
PUT THIS AS ~~RESUB~~ RESUB FOR CSF  
3, 4, +S UNDER D52388 - THOUGHT  
IT WAS PM 1

DOCUMENTUM



## Receipt

### Your payment is complete

Pay.gov Tracking ID: 25UPMHPO

Agency Tracking ID: 75121812154

Form Name: Pesticide Registration Improvement Act - Prepayment

Application Name: PRIA Service Fees

### Payment Information

Payment Type: Debit or credit card

Payment Amount: \$1,582.00

Transaction Date: 11/02/2016 11:59:45 AM EDT

Payment Date: 11/02/2016

Registration Number:

Company Name: My Imports USA, LLC

Company Number: 92493

Action Code: R300

### Account Information

Cardholder Name: Lydia Edwards

Card Type: American Express

Card Number: \*\*\*\*\*1180

### Email Confirmation Receipt

Confirmation Receipts have been emailed to:

ledwards@landisintl.com

pgalloway@landisintl.com





# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

1200 Pennsylvania Avenue, N.W.  
WASHINGTON, D.C. 20460

**Paperwork Reduction Act Notice:** The public reporting burden for this collection of information is estimated to average 1.25 hours per response for registration and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: Director, Collection Strategies Division (2822T), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, N.W., Washington, DC 20460. Do not send the completed form to this address.

## Certification with Respect to Citation of Data

|   |  |
|---|--|
| Applicant's/Registrant's Name, Address, and Telephone Number<br>MY IMPORTS USA LLC, 115 Enterprise Ave South, Secaucus NJ 07094, 1-732-662-3624 | EPA Registration Number/File Symbol<br>92493 - xxx |
| Active Ingredient(s) and/or representative test compound(s)<br>Para-dichlorobenzene   | Date<br>10/31/2016                                 |
| General Use Pattern(s) (list all those claimed for this product using 40 CFR Part 158)<br>Indoor Non-Food                                       | Product Name<br>MOTH SHIELD                        |

**NOTE:** If your product is a 100% repackaging of another purchased EPA-registered product labeled for all the same uses on your label, you do not need to submit this form. You must submit the Formulator's Exemption Statement (EPA Form 8570-27).

☐ I am responding to a Data-Call-In Notice, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

## SECTION I: METHOD OF DATA SUPPORT (Check one method only)

☐ I am using the cite-all method of support, and have included with this form a list of companies sent offers of compensation (the Data Matrix form should be used for this purpose).

☒ I am using the selective method of support (or cite-all option under the selective method), and have included with this form a completed list of data requirements (the Data Matrix form must be used).

## SECTION II: GENERAL OFFER TO PAY

[Required if using the cite-all method or when using the cite-all option under the selective method to satisfy one or more data requirements]

☒ I hereby offer and agree to pay compensation, to other persons, with regard to the approval of this application, to the extent required by FIFRA.

## SECTION III: CERTIFICATION

I certify that this application for registration, this form for reregistration, or this Data-Call-In response is supported by all data submitted or cited in the application for registration, the form for reregistration, or the Data-Call-In response. In addition, if the cite-all option or cite-all option under the selective method is indicated in Section I, this application is supported by all data in the Agency's files that (1) concern the properties or effects of this product or an identical or substantially similar product, or one or more of the ingredients in this product; and (2) is a type of data that would be required to be submitted under the data requirements in effect on the date of approval of this application if the application sought the initial registration of a product of identical or similar composition and uses.

I certify that for each exclusive use study cited in support of this registration or reregistration, that I am the original data submitter or that I have obtained the written permission of the original data submitter to cite that study.

I certify that for each study cited in support of this registration or reregistration that is not an exclusive use study, either: (a) I am the original data submitter; (b) I have obtained the permission of the original data submitter to use the study in support of this application; (c) all periods of eligibility for compensation have expired for the study; (d) the study is in the public literature; or (e) I have notified in writing the company that submitted the study and have offered (i) to pay compensation to the extent required by sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA; and (ii) to commence negotiations to determine the amount and terms of compensation, if any, to be paid for the use of the study.

I certify that in all instances where an offer of compensation is required, copies of all offers to pay compensation and evidence of their delivery in accordance with sections 3(c)(1)(F) and/or 3(c)(2)(B) of FIFRA are available and will be submitted to the Agency upon request. Should I fail to produce such evidence to the Agency upon request, I understand that the Agency may initiate action to deny, cancel or suspend the registration of my product in conformity with FIFRA.

I certify that the statements I have made on this form and all attachments to it are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

|                                       |                    |  |
|---------------------------------------|--------------------|--|
| Signature<br><i>Peggy M. Galloway</i> | Date<br>10/31/2016 | Typed or Printed Name and Title<br>Peggy M. Galloway, Regulatory Agent |
|---------------------------------------|--------------------|--|

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY**  
**401 M Street, S.W.**  
**WASHINGTON, D.C. 20460**

Form Approved OMB No. 2070-0060

29

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 0.25 hours per response for registration activities and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: director, OPPE Information management Division (2137), U. S. Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. Do not send the form to this address.

**DATA MATRIX**

|   |                      |             |   |         |                          |
|---|----------------------|-------------|---|---------|--------------------------|
| Date    October 10, 2016  |                      |             | EPA Reg. No./File Symbol    92493 - xxx                 |         | Page 1 of 1              |
| Applicant's/Registrant's Name & Address<br><br>MY IMPORTS USA LLC<br>115 ENTERPRISE AVE SOUTH<br>SECAUCUS NJ 07094-1912 |                      |             | Product<br><br>MOTH SHIELD                              |         |                          |
| Ingredient    Para-dichlorobenzene  |                      |             |   |         |                          |
| Guideline Reference Number  | Guideline Study Name | MRID Number | Submitter   | Status  | Note                     |
| " CITE ALL "  |                      |             |   |         |                          |
| Offer to Pay: JIANGSU YANGNONG CHEMICAL GROUP CO., LTD.<br>39 Wenfeng Road, Yangzhou (225009), CHINA                    |                      |             | JIANGSU YANGNONG CHEMICAL GROUP CO., LTD.               | PAY/PER |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
|   |                      |             |   |         |                          |
| Signature <i>Peggy M. Galloway</i>  |                      |             | Name and Title    Peggy M. Galloway<br>Regulatory Agent |         | Date    October 10, 2016 |

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
401 M Street, S.W.  
WASHINGTON, D.C. 20460

Form Approved OMB No. 2070-0060

30

Paperwork Reduction Act Notice: The public reporting burden for this collection of information is estimated to average 0.25 hours per response for registration activities and 0.25 hours per response for reregistration and special review activities, including time for reading the instructions and completing the necessary forms. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: director, OPPE Information management Division (2137), U. S. Environmental Protection Agency, 401 M Street, S.W., Washington, DC 20460. Do not send the form to this address.

DATA MATRIX

Date October 10, 2016

EPA Reg. No./File Symbol 92493 - xxx

Page 1 of 1

Applicant's/Registrant's Name & Address

MY IMPORTS USA LLC  
115 ENTERPRISE AVE SOUTH  
SECAUCUS NJ 07094-1912

Product

MOTH SHIELD

Ingredient Para-dichlorobenzene

| Guideline Reference Number | Guideline Study Name | MRID Number | Submitter                                 | Status  | Note |
|----------------------------|----------------------|-------------|---|---------|------|
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             | JIANGSU YANGNONG CHEMICAL GROUP CO., LTD. | PAY/PER |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |
|                            |                      |             |   |         |      |

Signature

*Peggy M. Galloway*

Name and Title

Peggy M. Galloway  
Regulatory Agent

Date

October 10, 2016



Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0080



United States  
Environmental Protection Agency  
Washington, DC 20460

☐ Registration  
☐ Amendment  
☒ Other

OPP Identifier Number

### Application for Pesticide - Section I

|   |  |  |
|---|--|--|
| 1. Company/Product Number<br>MY IMPORTS / 92493-R   | 2. EPA Product Manager<br>Mark Suarez  | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted |
| 4. Company/Product (Name)<br>MY IMPORTS / MOTHS SHIELD  | PM#<br>PM07/IVB3   |  |
| 5. Name and Address of Applicant (Include ZIP Code)<br>MY IMPORTS USA LLC<br>c/o Landis International, Inc.<br>P. O. Box 5126, Valdosta, GA 31603-5126<br><input type="checkbox"/> Check if this is a new address | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3)(b)(ii), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. _____<br>Product Name _____ |  |

### Section - II

|  |  |
|--|--|
| <input type="checkbox"/> Amendment - Explain below.                            | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____ |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____ | <input type="checkbox"/> "Me Too" Application.   |
| <input type="checkbox"/> Notification - Explain below.                         | <input checked="" type="checkbox"/> Other - Explain below.                             |

Explanation: Use additional page(s) if necessary. (For section I and Section II.)  
Transmission of Alternate CSF's as discussed with PM.

### Section - III

|   |  |  |   |
|---|--|--|---|
| 1. Material This Product Will Be Packaged In:   |  |  |   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes*<br><input checked="" type="checkbox"/> No<br>* Certification must be submitted   | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If "Yes" Unit Packaging wgt. No. per container | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No<br>If "Yes" Package wgt. No. per container | 2. Type of Container<br><input checked="" type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container   | 4. Size(s) Retail Container<br>4 OZS., 5 OZS.  | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product |   |
| 6. Manner in Which Label is Affixed to Product<br><input checked="" type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled <input type="checkbox"/> Other _____ |  |  |   |

### Section - IV

|   |                              |   |
|---|------------------------------|---|
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)   |                              |   |
| Name<br>PEGGY M. GALLOWAY   | Title<br>REGULATORY AGENT    | Telephone No. (Include Area Code)<br>229-247-6472 |
| Certification<br>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. |                              | 8. Date Application Received<br>(Stamped)         |
| 2. Signature<br><i>Peggy M. Galloway</i>  | 3. Title<br>REGULATORY AGENT |   |
| 4. Typed Name<br>PEGGY M. GALLOWAY  | 5. Date<br>DECEMBER 15, 2016 |   |

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

White - EPA File Copy (original)

Yellow - Applicant Copy

DOCUMENTUM



December 15, 2016

☎ 1-703-305-0120

[Suarez.Mark@epa.gov](mailto:Suarez.Mark@epa.gov)

Mark Suarez, Product Manager 07  
Invertebrate & Vertebrate Branch 3  
U. S. EPA Office of Pesticide Programs  
Registration Division (H7505C)  
Document Processing Desk (APPL)  
One Potomac Yard, Room S4900  
2777 S. Crystal Drive  
Arlington, VA 22202

**SUBJECT: MOTH SHIELD – EPA FILE SYMBOL 92493-R**

Dear Mr. Suarez:

Please find enclosed the following on behalf of **MY IMPORTS USA LLC** in accordance with our previous emails and discussions regarding multiple alternate formulations under a single registration:

- Application for Pesticide Registration (EPA Form 8570-1)
- Confidential Statements of Formula (EPA Form 8570-4):
  - Alternate Formulation #3 – Lavender Fragrance
  - Alternate Formulation #4 – Lemon Fragrance
  - Alternate Formulation #5 – Cherry Blossom Fragrance
- Fragrance Formula Sheet – Lavender Fragrance No. [REDACTED]
- Fragrance Formula Sheet – Lemon Fragrance No. [REDACTED]
- Fragrance Formula Sheet – Cherry Blossom No. Fragrance [REDACTED]

We have checked each ingredient identified on the enclosed Fragrance Formula Sheets with the EPA Fragrance Ingredient List, and each of the ingredients have been approved for fragrance use.

We appreciate your continued assistance with this registration.

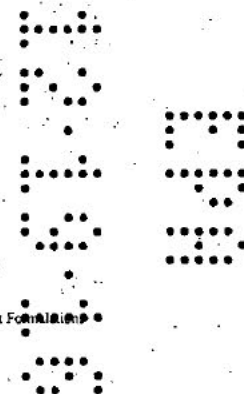
Best regards,

*Peggy M. Galloway*

Peggy M. Galloway  
U.S. Regulatory Agent for  
**MY IMPORTS USA LLC**

Enclosures (Enumerated Above)

PMG/EMY IMPORTS/PDCB MOTH SHIELD/MS20161215/Submit Lit Att Form 1/1/16





# PRIA 3 – 21 Day Content Screen Review Worksheet

(EPA/OPP Use Only)

September 2012

21 Day Screen Start Date: 11-2-16

Experts In-Processing Signature: B. B.

Date 11-15-16

Fee Paid: Yes ☒

Division management contacted on issues No ☐ Yes ☐ Date \_\_\_\_\_

| EPA Reg. Number: <u>92493-R</u> |  | EPA Receipt Date: <u>11-2-16</u> |    |     |    |      |
|---------------------------------|--|----------------------------------|----|-----|----|------|
| Items for Review                |  |                                  |    | Yes | No | N/A* |
| 1                               | Application Form (EPA Form 8570-1) signed & complete including package type  |                                  |    | X   |    |      |
| 2                               | Confidential Statement of Formula all boxes completed, form signed, and dated (EPA Form 8570-4)  |                                  |    | X   |    |      |
|                                 | a) All <u>inerts</u> , including fragrances, approved for the proposed uses (see Footnote A)   | yes                              | no |     |    |      |
|                                 |  |                                  | X  |     |    |      |
| 3                               | Certification with Respect to Citation of Data (EPA Form 8570-34) completed and signed (N/A if 100% repack)                              |                                  |    | X   |    |      |
|                                 | Certificate and data matrix consistent   |                                  |    | X   |    |      |
|                                 | If applicant is relying on data that are compensable, is the offer to pay statement included. (see Footnote B)                           | yes                              | no |     |    |      |
|                                 |  |                                  |    |     |    |      |
|                                 | If applicable, is there a letter of Authorization for exclusive use only.  |                                  |    |     |    |      |
| 4                               | Formulator's Exemption Statement (EPA Form 8570-27) completed and signed (N/A if source is unregistered or applicant owns the technical) |                                  |    | X   |    |      |
|                                 | Data Matrix (EPA Form 8570-35) both internal and external copies (PR 98-5) completed and signed (N/A if 100% repack)                     |                                  |    | X   |    |      |
| 5                               | a) Selective Method (Fee category experts use)   | yes                              | no |     |    |      |
|                                 |  | X                                |    |     |    |      |
|                                 | b) Cite-All (Fee category experts use)   |                                  |    |     |    |      |
|                                 | c) Applicant owns all data (Fee category experts use)  |                                  |    |     |    |      |
|                                 |  |                                  |    |     |    |      |
| 6                               | 5 Copies of <u>Label</u> ( <u>Electronic labels on CD</u> are encouraged and guidance is available)                                      |                                  |    | X   |    |      |
| 7                               | Is the data package consistent with <u>PR Notice 86-5</u>  |                                  |    |     |    | X    |
| 8                               | <u>Notice of Filing</u> included with petitions  |                                  |    |     |    | X    |

|    |  |  |  |  |
|----|--|--|--|--|
| 9  | If applicable for conventional applications, <u>reduced risk rationale</u> |  |  |  |
|    | <u>Required Data</u> and/or data waivers. See Footnote C.                  |  |  |  |
| 10 | a) List study (or studies) not included with application                   |  |  |  |

**Comments:**

Documentation: Pass

- All required forms are complete.

Inerts: Fail

- Inerts not approved, see inert status form.\*

\* fragrance certification letter requested in place of inert status form.

11-3: N/A

- NO study

Status: Fail

- MS 11/21/16

- Rej. letter on (#.)

\* N/A – Not Applicable

#### Footnotes

A. During the 21 day initial content review, all CSFs will be reviewed to determine whether all inerts listed, including fragrances, are approved for the proposed uses or have an application pending with the Agency. If an unapproved inert with no application pending with the Agency is identified, the applicant must either 1) resolve the inert issue by, for example, removing the inert, substituting it with an approved inert, submitting documentation that EPA approved the inert for the proposed pesticidal uses, correcting mistakes on the CSF, etc. or 2) provide the data to support OPP approval of the inert or 3) withdraw the application. Removing or substituting an inert ingredient will require a new CSF and may require submission of data. All information, forms, data and documentation resolving the inert issue must have been received by the Agency or the application withdrawn within the 21 day period, otherwise, the Agency will reject the application as described below.

To successfully complete this aspect of the 21 day initial content screen, applicants are **strongly encouraged** to verify that all inert ingredients have been approved for the application's uses or have an application pending with the Agency **even if a product is currently registered** by consulting the inert Web site and if the inert is not approved nor has an application pending with the Agency, to **obtain the necessary inert approval prior to submitting an application to register a pesticide product containing that inert ingredient**. Some inert ingredients are no longer approved for food uses or certain types of uses. The name and/or CAS number on a CSF must match the name and CAS number on this web site. Simple typographical errors in the name or CAS number have resulted in processing delays.

If an inert is not listed on the inert ingredient web site and the applicant believes that the inert has been approved, the applicant should contact the Inert Ingredient Assessment Branch (IIAB) at inertsbranch@epa.gov and resolve the issue. Copies of the correspondence with IIAB resolving the issue should accompany the application. All new inerts except PIP inerts are reviewed by IIAB. The IIAB should also be contacted for any questions on what supporting data needs to be submitted for and the Agency's inert review process. Questions on PIP inerts should be directed to the Chief of Microbial Pesticides Branch.

When a brand, trade, or proprietary name of an inert ingredient is listed on a CSF, additional information such as an alternate name of the inert, CAS number or other information must also be included to enable the Agency to determine if it has been approved. Each component of an inert mixture (including a fragrance) must be identified. In some cases, the supplier of the mixture or fragrance may need to provide this information to the Agency. Prior to the Agency's receipt of an application, applicants must arrange with a proprietary mixture or fragrance supplier to provide the component information to the Agency or promptly upon EPA's request. If the inert ingredients in a proprietary blend (including fragrances) cannot or are not identified or provided within the 21-day content review period, the Agency will reject the application.

During the 21 day content review, applicants should submit information to the individual identified by the Agency when the applicant is informed of an unapproved inert.

### **Unapproved Inerts Identified on CSFs**

#### **All applications except conventional new products and PIPs**

Once an unapproved inert is identified on a CSF, the Agency will contact the applicant with the following options:

1. Correct the application by, for instance, correcting the inert's identity or CAS number, providing documentation that the inert has been approved, or removing the unapproved inert from the CSF or replacing it with one that is approved for the application's uses; or
2. Provide the required information necessary to identify an inert approval application that is pending with the Agency; or
3. Submit the information and data needed for the Agency to approve the unapproved inert. If this option is selected and implemented, the Agency may request an extension in the PRIA decision review timeframe to accommodate the inert review/approval process;
4. Withdraw the application (the Agency retains 25% of the full fee for the fee category estimated); or

If none of these options is selected and implemented by the applicant within the 21 day content review period, the Agency will reject the application and retain 25% of the full fee of the category identified.

#### **Conventional New Product Applications**

When the Registration Division identifies an unapproved inert on a CSF with an application for a new product that the applicant has not identified as requiring an inert approval (R300 or R301), it will contact the applicant with the following options:

1. Correct the application by, for instance, correcting the inert's identity or CAS number, providing documentation that the inert has been approved, or removing the unapproved inert from the CSF or replacing it with one that is approved for the application's uses; or
2. Submit the information and data needed for the Agency to approve the unapproved inert, including any required petition to establish or amend a tolerance or exemption from a tolerance. (This option may change the PRIA category for the application, which could require a longer decision review time and a larger fee. If additional fees are due, they must be received by the Agency within the 21 day content review period.)

3. Withdraw the application (the Agency retains 25% of the full fee for the fee category estimated); or

If none of the above options is selected and implemented during the 21-day content-review period, the Agency will reject the application and retain 25% of the appropriate fee for the new product-inert approval category.

#### PIP Applications

When the Biopesticide and Pollution Prevention Division identifies an unapproved inert on a PIP CSF and a request to approve the inert does not accompany the application, it will contact the applicant with the following options:

1. Correct the application by, for instance, correcting the spelling or name of the inert to that in 40 CFR 174, or providing documentation that the inert has been approved; or
2. Submit the information and data needed for the Agency to approve the unapproved inert. If an inert ingredient tolerance exemption petition is required, the petition must be received by the Agency and the B903 fee paid within the 21 day period. If this option is selected and implemented, the Agency will discuss harmonizing the timeframe for both actions.
3. Withdraw the application (the Agency retains 25% of the full fee for the fee category estimated); or

If none of the above options is selected and implemented during the 21 day content review period, the Agency will reject the application and retain 25% of the fee.

B. A policy on documentation of offers to pay is still being developed, however, for a me-too or fast track (similar/identical) new product, R300 or A530, an application without the necessary authorizations of offers to pay will be placed into either R301 or A531. The Agency recommends that authorizations of offers to pay be submitted with other PRIA applications to avoid delays in the Agency's decision.

C. Biopesticide applicants are advised to contact the Agency and discuss study waivers prior to submitting their application to the Agency. Documentation of such discussions should be submitted with the study waiver.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

Peggy M. Galloway  
Landis International, Inc.  
Representing My Imports USA LLC  
PO Box 5126  
Valdosta, GA 31603-5126

RE: Application for Registration dated: 14-NOV-2016  
Date Fee Payment: 02-NOV-2016  
Product Name: MOTH SHIELD  
EPA Registration Number: 92493-R  
Decision Number: D-523388

Dear Registrant:

The Agency has completed its initial contents screen of your application pursuant to Section 33(f)(4)(B) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended the Pesticide Registration Improvement Renewal Act. The Agency has determined that your application did not pass the initial contents screen and therefore must be rejected.

Specifically, the following items were missing or improperly formatted: An inert ingredient listed on the Confidential Statement of Formula was not found in the Agency database.

In addition, in our attempts to clarify the above issue you failed to provide corrections in a timely manner. You were contacted by an Agency contractor via e-mail on November 15, 2016 and November 21, 2016 and via telephone on November 17, 2016.

Furthermore, pursuant to FIFRA Section 33(b)(2)(G) the Agency must retain 25% of the registration service fee. Any future submissions to the Agency will be considered a new application and subject to the full registration service fee and another initial contents screen of all necessary fees, forms, data, and draft labeling.

Sincerely,

XXXXXXXXX, Director  
Office of Pesticide Programs

**Sheahin, Marc**

---

**From:** Sheahin, Marc  
**Sent:** Monday, November 21, 2016 8:52 AM  
**To:** 'pgalloway@landisintl.com'  
**Subject:** RE: Application for Reg.# 92493-R - Confidential

Ms. Galloway,

At this time, please forward all supporting documents and correspondence to the appropriate PM as the deadline for preliminary review has been reached.

Thank you,  
Marc Sheahin

---

**From:** Sheahin, Marc  
**Sent:** Tuesday, November 15, 2016 2:04 PM  
**To:** 'pgalloway@landisintl.com' <pgalloway@landisintl.com>  
**Subject:** Application for Reg.# 92493-R - Confidential

Dear Ms. Galloway,

My name is Marc Sheahin and I am a contractor with the EPA. I am contacting you in regards to your submission in support of Moth Shield (EPA Reg. Number: 92493-R). We have found a deficiency with the submission that will need to be addressed:

1. 1. "Rose Fragrance" is not listed in our database. Would you be able to provide a Fragrance Certification Letter or the % composition of ingredient as listed on page 2 of the Confidential Statement of Formula so that it may be added to the database?
- 3.
4. *Please send all necessary documents to this e-mail address by 11/17. If you have any questions, please do not hesitate to contact me.*

Best,  
Marc Sheahin

Contractor, US EPA  
2777 S. Crystal Drive, S-4811  
Arlington, VA 22202  
(703) 347-8686  
Email: [sheahin.marc@epa.gov](mailto:sheahin.marc@epa.gov)

# Fee for Service

{994341!~

This package includes the following

☒ New Registration

☐ Amendment

☐ Studies? ☐ Fee Waiver?

☐ volpay % Reduction: \_\_\_\_\_

for Division

☐ AD

☐ BPPD

☒ RD

Risk Mgr.

7

Receipt No.

S-

994341

EPA File Symbol/Reg. No.

92493-R

Pin-Punch Date:

11/2/2016

☐ This item is NOT subject to FFS action.

## Action Code:

Requested:

R300

Granted:

R300

Amount Due: \$ 1,582.00

## Parent/Child Decisions:

☒ Inert Cleared for Intended Use

☐ Uncleared Inert in Product

Reviewer:

Margan K. M

Date:

11/3/16

Remarks:

Please verify 100% repeat - company has alt. CFRs w/ 2 diff fragrances

DOCUMENTUM





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C. 20460

November 14, 2016

OFFICE OF CHEMICAL SAFETY  
AND POLLUTION PREVENTION

OPP Decision Number: D-523388  
EPA File Symbol or Registration Number: 92493-R  
Product Name: Moth Shield  
EPA Receipt Date: 02-Nov-2016  
EPA Company Number: 92493  
Company Name: MY IMPORTS USA LLC.

PEGGY M. GALLOWAY  
LANDIS INTERNATIONAL, INC.  
REPRESENTING MY IMPORTS USA LLC.  
PO BOX 5126  
VALDOSTA, GA 31603-5126

SUBJECT: Receipt of Registration Application Subject to Registration Service Fee

Dear Registrant:

The Office of Pesticide Programs has received your application and certification of payment. If you submitted data with this application, the results of the PRN-2011-3 screen will be communicated separately. During the administrative screen, the Office of Pesticide Programs has determined that this Action is subject to a Pesticide Registration Service Fee as defined in the Pesticide Registration Improvement Act.

The Action has been identified as Action Code: R300

NEW PRODUCT;OR SIMILAR COMBINATION PRODUCT (ALREADY REGISTERED) TO AN IDENTICAL OR SUBSTANTIALLY SIMILAR IN COMPOSITION AND USE TO A REGISTERED PRODUCT;REGISTERED SOURCE OF ACTIVE INGREDIENT;NO DATA REVIEW ON ACUTE TOXICITY, EFFICACY OR CRP - ONLY PRODUCT CHEMISTRY DATA;CITE-ALL DATA CITATION, OR SELECTIVE DATA CITATION WHERE APPLICANT OWNS ALL REQUIRED DATA, OR APPLICANT SUBMITS SPECIFIC AUTHORIZATION LETTER FROM DATA OWNER;CATEGORY ALSO INCLUDES 100% RE-PACKAGE OF REGISTERED END-USE OR MANUFACTURING-USE PRODUCT THAT REQUIRES NO DATA SUBMISSION NOR DATA MATRIX;

No additional payment is due at this time. If you have any questions, please contact the Pesticide Registration Service Fee Ombudsman at (703) 308-9362.

Sincerely,

Front End Processing Staff  
Information Technology & Resources Management Division

**Receipt for Section 3**

S: 994341 Milestone Email: pgalloway@landisintl.com

Regulatory Type: Product Registration - Section 3 Resubmission: ☐ Yes ☒ No

Application Type: New Registration Fee For Service: ☒ Yes ☐ No

Company: 92493 MY IMPORTS USA LLC Billable: ☒ Yes ☐ No

Risk Manager: Registration Division, Risk Management Team 7

Product #: 92493-R Product Name: Moth Shield

Me Too: ☒ Section 3: [Redacted] Me Too Product Name: [Redacted]

Application Date: 01-Nov-2016 OPP Rec'd Date: 02-Nov-2016

Front End Date: 02-Nov-2016 Risk Manager Send Date: [Redacted]

FFS Due Date: [Redacted] Negotiated Due Date: [Redacted]

OPP Target Date: [Redacted]

Fast Track: ☐ New Ingredient: ☐

Receipt Description: Portal submission pkg. #15101. New product registration.

Form A: ☐ Signature Date: [Redacted] Form B: ☐ Signature Date: [Redacted]

New Ingredient Request Date: [Redacted]

New Ingredient Received Date: [Redacted]

Receipt Content: CSF, Electronic Label

View/Edit

This document was sent to the printer

Document: FFS Cover Sheet

\*Product ingredient source information may be entitled to confidential treatment\*

DOCUMENTUM



## Receipt

### Your payment is complete

Pay.gov Tracking ID: 25UPMHPO

Agency Tracking ID: 75121812154

Form Name: Pesticide Registration Improvement Act - Prepayment

Application Name: PRIA Service Fees

### Payment Information

Payment Type: Debit or credit card

Payment Amount: \$1,582.00

Transaction Date: 11/02/2016 11:59:45 AM EDT

Payment Date: 11/02/2016

Registration Number:

Company Name: My Imports USA, LLC

Company Number: 92493

Action Code: R300

### Account Information

Cardholder Name: Lydia Edwards

Card Type: American Express

Card Number: \*\*\*\*\*1180

### Email Confirmation Receipt

Confirmation Receipts have been emailed to:

ledwards@landisintl.com

pgalloway@landisintl.com





Please read instructions on reverse before completing form.

Form Approved, OMB No. 2070-0060

Print Form

|  |  |  |   |   |   |
|--|--|--|---|---|---|
|  |  | United States<br><b>Environmental Protection Agency</b><br>Washington, DC 20460  |   | <input checked="" type="checkbox"/> <b>Registration</b><br><input type="checkbox"/> <b>Amendment</b><br><input type="checkbox"/> <b>Other</b> | OPP Identifier Number                     |
| <b>Application for Pesticide - Section I</b>   |  |  |   |   |   |
| 1. Company/Product Number<br>MY IMPORTS USA LLC / 92493-xxx  |  | 2. EPA Product Manager<br>Mark Suarez  |   | 3. Proposed Classification<br><input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted                                    |   |
| 4. Company/Product (Name)<br>MOTH SHIELD   |  | PM#<br>RD IVB3 - PM 07   |   |   |   |
| 5. Name and Address of Applicant (Include ZIP Code)<br>MY IMPORTS USA LLC<br>c/o LANDIS INTERNATIONAL, INC.<br>P.O. BOX 5126, VAL DOSTA, GA 31603-5126<br><input type="checkbox"/> Check if this is a new address  |  | 6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to:<br>EPA Reg. No. [REDACTED]<br>Product Name [REDACTED] |   |   |   |
| <b>Section - II</b>  |  |  |   |   |   |
| <input type="checkbox"/> Amendment - Explain below.  |  | <input type="checkbox"/> Final printed labels in response to Agency letter dated _____   |   |   |   |
| <input type="checkbox"/> Resubmission in response to Agency letter dated _____   |  | <input type="checkbox"/> "Me Too" Application.   |   |   |   |
| <input type="checkbox"/> Notification - Explain below.   |  | <input checked="" type="checkbox"/> Other - Explain below.   |   |   |   |
| <b>Explanation:</b> Use additional page(s) if necessary. (For section I and Section II.)<br>APPLICATION FOR REGISTRATION, PRIA 3 CATEGORY R300, NEW PRODUCT SELECTIVE CITE-ALL - PRIA FEE \$1,582  |  |  |   |   |   |
| <b>Section - III</b>   |  |  |   |   |   |
| 1. Material This Product Will Be Packaged In:  |  |  |   |   |   |
| Child-Resistant Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | Unit Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No | Water Soluble Packaging<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  | 2. Type of Container<br><input checked="" type="checkbox"/> Metal<br><input type="checkbox"/> Plastic<br><input type="checkbox"/> Glass<br><input type="checkbox"/> Paper<br><input type="checkbox"/> Other (Specify) _____ |   |   |
| * Certification must be submitted  |  | If "Yes" Unit Packaging wgt. No. per container   | If "Yes" Package wgt No. per container  |   |   |
| 3. Location of Net Contents Information<br><input checked="" type="checkbox"/> Label <input type="checkbox"/> Container  |  | 4. Size(s) Retail Container<br>4 OZS., 5 OZS.  |   | 5. Location of Label Directions<br><input checked="" type="checkbox"/> On Label<br><input type="checkbox"/> On Labeling accompanying product  |   |
| 6. Manner in Which Label is Affixed to Product<br><input checked="" type="checkbox"/> Lithograph<br><input type="checkbox"/> Paper glued<br><input type="checkbox"/> Stenciled   |  | <input type="checkbox"/> Other _____   |   |   |   |
| <b>Section - IV</b>  |  |  |   |   |   |
| 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)  |  |  |   |   |   |
| Name<br>PEGGY M. GALLOWAY  |  | Title<br>REGULATORY AGENT  |   | Telephone No. (Include Area Code)<br>229-247-6472   |   |
| <b>Certification</b><br>I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law. |  |  |   |   | 6. Date Application Received<br>(Stamped) |
| 2. Signature<br>   |  | 3. Title<br>REGULATORY AGENT   |   |   |   |
| 4. Typed Name<br>PEGGY M. GALLOWAY   |  | 5. Date<br>NOVEMBER 1, 2016  |   |   |   |

EPA Form 8570-1 (Rev. 8-94) Previous editions are obsolete.

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Yellow - Applicant Copy

DOCUMENTUM



PRIA ACTION: CONVENTIONAL NEW PRODUCT REGISTRATION - IDENTICAL END USE  
FEE CATEGORY: R300 REGISTRATION SERVICE FEE: \$1,582

November 1, 2016

1-703-305-0120  
[Suarez.Mark@epa.gov](mailto:Suarez.Mark@epa.gov)

**VIA Pesticide Submission Portal (PSP)**

Mark Suarez, PM 07 (REGFEE)  
Invertebrate & Vertebrate Branch 3  
U.S. EPA OPP Registration Division (H7505C)  
Document Processing Desk  
One Potomac Yard, Room S4900  
2777 S. Crystal Drive  
Arlington, VA 22202

**SUBJECT: CONVENTIONAL NEW PRODUCT REGISTRATION - IDENTICAL END USE  
MY IMPORTS USA, LLC.  
MOTH SHIELD – EPA FILE SYMBOL 92493-X**

Dear Mr. Suarez:

Please find enclosed the following on behalf of MY IMPORTS USA LLC:

| DESCRIPTION   | OCSP<br>GUIDELINE NO. | MRID NO. |
|---|-----------------------|----------|
| <b>MOTH SHIELD-EPA REG. NO. 92493-xxx</b>   |                       |          |
| Cover Letter with Data Transmittal Listed   | NA                    | ADMIN    |
| R300 Receipt of Payment (\$1,582)   | NA                    | ADMIN    |
| EPA Form 8570-1 - Application for Registration  | NA                    | ADMIN    |
| EPA Form 8570-4 – Confidential Statement of Formula - Basic   | NA                    | ADMIN    |
| EPA Form 8570-4 – Confidential Statement of Formula<br>Alternate Formulation #1 – Rose Fragrance        | NA                    | ADMIN    |
| EPA Form 8570-4 – Confidential Statement of Formula<br>Alternate Formulation #2 – Fresh Linen Fragrance | NA                    | ADMIN    |
| EPA Form 8570-34 - Certification with Respect to Citation of Data                                       | NA                    | ADMIN    |
| EPA Form 8570-35 - Data Matrix - EPA Copy   | NA                    | ADMIN    |
| EPA Form 8570-35 - Data Matrix - Public Copy  | NA                    | ADMIN    |
| Letter of Authorization   | NA                    | ADMIN    |
| Proposed Label  | NA                    | ADMIN    |

As we have discussed by telephone, this product is identical to EPA Reg. No. [REDACTED] in formulation and manufacturing process with the exception of [REDACTED]

We appreciate your assistance with this registration.

Best regards,

*Peggy M. Galloway*

Peggy M. Galloway  
U.S. Regulatory Agent for MY IMPORTS USA, LLC

DOCUMENTUM

Enclosures (Enumerated Above)

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\*Product ingredient source information may be entitled to confidential treatment\*  
\*Manufacturing process information may be entitled to confidential treatment\*

